2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 24, 2000 8:00 am Secretary of State DOCUMENT # F97000005071 Entity Name WAVES I REALTY HOLDING COMPANY, INC. 04-26-2000 90079 033 ***150.00 Mailing Address Principal Place of Business 23 WALL ST. 25 WALL ST. NEW YORK NY 10260-1000 TV YORK NY 10260-0023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3965724 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, (66/6) PD 🔲 Delate MILE Change Addition ICT(E GIFORD, BENJAMIN G NAME NAME **ヹ** STREET ADDRESS STREET ADDRESS 23 WALL ST. CITY-ST-ZIP CITY-SY-ZIP NEW YORK NY 10260-0023 7+0 Change Addition VAS Delete TITLE ASTARITA, MICHAEL G NAME NAME STREET ADDRESS STREET ADDRESS 23 WALL ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10260-0023 ANDE M. Mancuso PAV mne Addition Delete TITLE 23 Wall Street NAME CHEN, DAVID NAME STREET ADDRESS STREET ADDRESS 23 WALL ST. New York NY 10260-0023 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10260-0023 ☐ Change ☐ Addition TITLE VAS ☐ Belete TITLE BISSET, M D NAME NAME STREET ADDRESS STREET ADDRESS 23 WALL ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10260-0023 ☐ Change ☐ Addition C Oelete TITLE TITLE BONAPACE, MARK J NAME STREET ADDRESS STREET ADDRESS 23 WALL ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10260-0023 ☐ Addition VAS ☐ Delete TITLE ☐ Change TITLE BOWAR, JOSEPH J NAME NAME

NEW YORK NY 10260-0023 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 !! changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

23 WALL ST.

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR